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		Application Number	10/073,504			
FORM (to be used for all correspondence after initial filing)		Filing Date	02/11/2002 MULLER			
		First Named Inventor				
		Group Art Unit	3643			
		Examiner Name	GRILES			
Total Number of Pages in This Subm	ission 13	Attorney Docket Number				
	ENCL	OSURES (check	all that apply)			
X Fee Transmittal Form (1 page) X Fee Attached X Amendment / Reply (9 page) After Final Affidavits/declaration(s) X Extension of Time Request (1 page) Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Continue Continue	nent Papers Application) I(s) (1 sh replacement) Ig-related Papers Ito Convert to a Inal Application If Attorney, Revocation If Correspondence It Disclaimer It for Refund Imber of CD(s)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Natice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): RECEIVED MAR 1 3 2003 GROUP 360			
SIGNATU	RE OF APPLI	CANT, ATTORNEY, OR A	AGENT			
Firm or Individual name Keith Frantz Signature Z - 2	1 Fr 5-03	cof				
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being mail in an envelope addressed to: Commissioner	deposited with th	e United States Postal Service	ce with sufficient postage as first class ate: 2-27-03			
Typed or printed name Keith Frantz						
Signature	>> /	2 Date	2-29-03			

Signature

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$

(\$)	465	.00

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Complete if Known					
Application Number	10/073,504				
Filing Date	02/11/2002				
First Named Inventor	MULLER				
Examiner Name	GRILES				
Art Unit	3643				
Attorney Docket No.					

METHOD OF PAYMENT (check all that apply)	METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)					
X Check Credit card Money Order None	one 3. ADDITIONAL FEES					
Deposit Account:	Large Entity , Small Entity					
Deposit Account	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Number	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account Name	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
The Commissioner is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	410	2252		Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	930	2253		Extension for reply within third month	465
Fee Fee Fee Fee Description Fee Pald	1254	1,450	2254		Extension for reply within fourth month	
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255	1,970	2255		Extension for reply within fifth month	
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal	
1003 520 2003 260 Plant filing fee	1402	320	2402		Filing a brief in support of an appeal	7
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for oral hearing	7
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	470	2502	235	Design issue fee	3
Total Claims 20** = X = X	1503	630	2503	315	Plant issue fee	O
Claims X = X = X Multiple Dependent	1460	130	1460	130	Petitions to the Commissioner	0
· ' '	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	0
Large Entity Small Entity Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be	
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	' '	
	Other	fee (sp	ecify)			
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above				iling F	ee Paid SUBTOTAL (3) (\$) 4	65.00
or manufact previously paid, if greater, not helssues, see above				-	- (a) (b) -	

SUBMITTED BY (Complete (if applicable)					
Name (Print/Type)	Keith Frantz	Registration No. (Attorney/Agent)	37828	Telephone	815-987-9820
Signature	Kind From			Date	2-27-03

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